LICENSING CORRECTIVE ACTION PLAN

NAME OF PROVIDER/OPERATOR:		License #:			
LOCATION ADDRESS:			Town:		
INSPECTION REPORT DATE:		OE	OEC Representative:		
regulation(s) in the foll	owing manner.	for failure to comply with the re	egulations listed below. I hereby declare that the libe fixed," is not an acceptable Plan of Corr	censee has complied with the	
Item # From Inspection Report	(De	Corrective Action scribe in detail how the viola		Date Corrected	
			with the regulations and to request a meeting with the lormation I submit on this form is true.	icensee when necessary to review	
Provider/Operators are	required by regulations and statu	tes to be in compliance at all time	es.		
CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY:(Date)			RETURN TO: Connecticut Office of Early Childhood		
Signed:	(Provider/Operator)	(Date)	450 Columbus Blvd, Suite 302 Hartford, CT 06103 Fax: 860-326-0552		

Please see the reverse side for the Core Elements of a Corrective Action Plan & Disputing Violations